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30 April 2009

Circular 08/2009: Civil Service Alcohol and Drugs Misuse Policy

A Dhuine Uasail

1. I am directed by the Minister for Finance to announce the introduction of the Civil Service Alcohol and Drugs Misuse Policy. The policy is a key part of the reform and modernisation of management practices in the Civil Service and provides a general framework of guidelines, superseding previous circulars and instructions covering these matters. This policy applies to all civil servants (including prison officers) and contract staff and is effective from the date of this circular.

2. The impact of alcohol and drug misuse on Irish society has been the subject of substantial research. Ireland has the second highest per capita consumption of alcohol in the European Union and 24% of adults aged 15–64 years reported using an illegal drug in their lifetime in 2006/7 [see National Documentation Centre on Drug Use, <http://www.ndc.hrb.ie>]. It is therefore reasonable to assume that the effects of alcohol and drugs misuse can be expected to adversely impact upon the Civil Service in proportion to any other workplace. Departments¹ must address any misuse where it has an impact on performance, behaviour or conduct at work or on the safety, health and welfare of others at work.

3. The original Civil Service Programme to deal with Alcoholism was introduced in 1984. This revised policy takes on board the experience gained from the operation of the original policy and reflects recent research and practice developments in the substance misuse field.²

4. The main features of the policy are:

- A recognition that the misuse of alcohol or drugs compromises the safety, health and welfare of officers in the workplace and has a negative impact on organisational performance.

¹ For "Department", read "Department or Office" throughout this circular.

² It also takes account of a decision by the Equality Tribunal that alcoholism is a disability within the meaning of the Employment Equality Act 1998: Case DEC-E2005/034 An Employee v A Government Department. Departments/Offices are required to do all that is reasonable to accommodate the needs of a person with a disability to allow that person to undertake his/her duties, such as following the procedures set out in this policy.

- Organisations will ensure that an open and non-discriminatory environment is created and encourage a culture of disclosure. Managers will make all reasonable efforts to address concerns in relation to alcohol and/or drug misuse, having consulted with their Personnel Section.
 - Officers with alcohol and/or drug concerns are encouraged to seek help and treatment voluntarily and engage with appropriate treatment and rehabilitation.
 - Support will be offered to officers who acknowledge alcohol and drug problems and who obtain appropriate treatment.
 - Sick leave for attendance at treatment centres etc. may be approved on the condition that medical certification is submitted confirming attendance for prescribed treatment and/or counselling.
 - The Civil Service Performance Management and Development System (PMDS) or the disciplinary procedures will be used to address underperformance issues, misconduct or unsatisfactory behaviour, including failure to adhere to the provisions of this policy.
 - Personnel Managers will ensure that officers have the support necessary to recognise colleagues that may be at risk and to take appropriate action.
5. This policy, which is available on the Department of Finance's Personnel Code website at <http://www.personnelcode.gov.ie> , should be brought to the notice of all officers.
6. This policy will be evaluated and updated as required.
7. Officers should address queries in relation to this circular to the Personnel Manager of their parent Department.

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 Director
 Personnel and Remuneration Division

To: All Departments, etc.

PART 1 - CIVIL SERVICE ALCOHOL AND DRUGS MISUSE POLICY

Introduction

1. This document sets out the revised Civil Service alcohol and drugs misuse policy. The arrangements in the revised policy are designed to facilitate Departments in addressing alcohol and/or drugs misuse and supporting officers with problems relating to alcohol and/or drug misuse.

2. Consistent with Civil Service strategic management objectives, the approach of the policy is to maximise the discretion available to Departments in addressing alcohol and drug misuse matters. In using this discretion, the overall goal of Departments should be to provide as much support as possible to officers, subject to the general conditions set out in this policy. As well as the obvious benefits for officers, this approach can help to ensure that Departments can retain the services of officers, often with substantial experience, who will continue to make a worthwhile contribution.

3. Persons disclosing a problem with alcohol and/or drugs will be regarded as having a health problem to be catered for and treated with sensitivity and discretion, even when their conduct may otherwise give rise to disciplinary action. Alcohol and/or drug dependency is of a special nature, which requires a significant effort on the officer's part if recovery is to be achieved and sustained. Departments are therefore entitled to expect officers to engage with appropriate treatment.

4. In the light of the decision taken by the Equality Tribunal that alcoholism is a disability within the meaning of the Employment Equality Act 1998, Departments are required to make reasonable accommodation for the needs of a person with a disability such as alcohol or drug dependency to allow that person to undertake his/her duties. Following the procedures set out in this policy would be reasonable accommodation. However no employer is required to employ any person, who, even where reasonable accommodation has been made, does not have the capacity to do the job. This is a particular consideration where a person fails to engage with necessary treatment or relapses into dependency.

5. The policy is also designed to increase the awareness and understanding of officers and their representatives of alcohol and drug problems and provide a framework to identify, prevent and manage these problems. The policy identifies and explains the processes for invoking the procedures, subsequent actions and who must carry them out.

6. Departments must also have regard to the effect on the workplace of misuse of drugs and/or alcohol, in terms of workplace health and safety, absenteeism, unsatisfactory behaviour and underperformance. The Safety, Health and Welfare at Work Act 2005 came into force on 1 September 2005 and is the statutory framework for securing the safety, health and welfare of persons at work. Departments have a general duty of care under Health and Safety legislation to ensure, as far as is reasonably practicable, the health and safety of officers. Departments are also entitled to ensure that the safe and effective running of workplaces is not compromised. Departments are advised to manage

the issue of misuse of alcohol and drugs in the same way that they manage all other risks to the safety, health and welfare of staff in the workplace.

Aims of the Civil Service Policy on Alcohol and Drugs Misuse

7. The aims of this policy are:

- To prevent alcohol and drug misuse problems in the workplace by raising awareness and providing guidance on symptoms, effects on work and health consequences of alcohol and drug misuse.
- To seek to identify alcohol and drug problems at an early stage, minimising the risk to the health of the officer concerned and protecting the health and safety of colleagues and others.
- To recognise alcohol and drug problems as conditions that are amenable to treatment and help officers to seek and be offered help in confidence.
- To provide support and assistance in the workplace to officers with alcohol and/or drug related problems to facilitate their rehabilitation.
- To address appropriately underperformance, misconduct or unsatisfactory behaviour in the workplace caused by alcohol and/or drug misuse.

Substances covered by the Civil Service Policy on Alcohol and Drugs

8. This policy refers to alcohol misuse, the use of illicit drugs and the misuse of other mood altering substances such as prescription drugs and non-prescription “over the counter” drugs. Volatile substances such as solvents are also included. More details of the most commonly misused drugs are set out in Part 2 of the policy. The policy does not extend to tobacco.

Responsibilities for Implementation

9. The organisation, personnel managers, line management and all officers share the responsibility of addressing alcohol and drug misuse in the workplace.

Organisation

10. Departments must:

- Manage the issue of misuse of alcohol and drugs in the same way that they manage all other risks to the safety, health and welfare of staff in the workplace.

- Endorse and support this policy through an understanding of its contents and lead by example. The policy can be tailored or additional guidance provided as appropriate to the organisation's own staff or responsibilities.
- Address and support management and staff concerns in relation to alcohol and/or drug misuse. Failure to do so leads to reduced work performance, damages client and staff relations and may pose a risk to safety, health and welfare of officers.
- Provide support to staff with alcohol and drug problems.
- Help staff to recognise the signs of alcohol/drug misuse and address it appropriately.
- Ensure that an open and non-discriminatory environment is created and encourage a culture of disclosure.
- Produce in consultation with staff a policy regarding testing for intoxicants if relevant to their own circumstances, for example where staff work in safety-critical and security areas, and notify it to relevant officers in advance of the policy being implemented. The policy should accord with any regulations/guidance issued by the Health and Safety Authority.

Personnel Managers

11. Personnel Managers must:

- Inform new officers of this policy on commencement in the Department.
- Distribute this policy to existing civil servants.
- Assist line managers and other officers by arranging training, where necessary.
- Provide support both to officers with alcohol and drug problems and line managers when implementing the policy.
- On becoming aware that an officer is in breach of the Misuse of Drugs Act 1977, treat it as serious misconduct and refer the matter to the Garda Síochána.

Line Management

12. Line Management must:

- Recognise and address alcohol and/or drug misuse as early as possible.
- On becoming aware of a potential problem, consult with the Personnel Section and act on the advice received.

- Raise with an officer any health concerns that are having an impact on his/her work, including any concerns raised by colleagues. This can be done in the course of a performance management discussion under PMDS or at any other time. It should not be construed as bullying and/or harassment if it subsequently emerges that the individual does not have such a problem, provided the manager had reasonable concerns.
- Take an early opportunity to speak confidentially with the officer in the context of poor behaviour in the work place, work performance or attendance, or a deterioration in same. Any discussion should avoid personalising the difficulties and a manager should not seek to diagnose the problem.
- Advise the officer of this policy and encourage her/him to make contact with the Employee Assistance Service and/or her/his doctor where s/he acknowledges that alcohol and/or drugs are a contributory factor in the underperformance.
- Advise that, subject to any legal provisions, the officer's confidentiality will be respected, absence from the workplace for treatment/rehabilitation/counselling will be treated as sick leave, and disciplinary action for underperformance, misconduct, or unsatisfactory behaviour may be deferred provided s/he engages with treatment and her/his work performance improves (subject to the possibility of disciplinary measures being taken where necessary).
- Secure a commitment that the alcohol or drug misuse and any related misconduct, unsatisfactory behaviour or underperformance will be addressed by the officer and set a review date to establish progress. It would normally be appropriate for a written record to be made of the commitments made by the officer.
- Act quickly to address issues of underperformance, unsatisfactory behaviour or misconduct in line with Civil Service codes of practice/policies if an officer does not acknowledge an alcohol and/or drug related problem or refuses to seek or follow the necessary treatment.
- Send home immediately any officer who presents at work where management reasonably believe that an officer is under the influence of alcohol and/or drugs. A manager should ask a colleague for their opinion in advance of taking action on the situation. Managers/supervisors should ensure, insofar as is reasonable, the safety of the person concerned in exiting the building and being transported home. It may be appropriate in certain circumstances to arrange transport to ensure the safety of the person concerned in arriving home safely.
- Treat as serious misconduct the possession, use or distribution of illicit drugs in the workplace and report the matter to the Personnel Manager.

Officers

13. All officers must:

- Not attend at work while unfit for duty because of the misuse of alcohol or drugs.
- Participate in any training provided under this policy.
- Inform their line manager or the Personnel Section if they are on any medication or treatment that may affect their work performance and safety at work, or of any impairment of function that may be a side effect of treatment for a drug and/or alcohol problem.
- Disclose to an appropriate person if they have or are developing an alcohol and/or drug abuse problem. In such a situation, the person will be facilitated with time off in order to attend appropriate treatment, rehabilitation and counselling in accordance with normal sick leave regulations.
- Take reasonable care in the workplace of themselves and others who are affected by what they do. Being under the influence of alcohol and/or drugs whilst in a work environment as well as affecting work output can have serious consequences for both personal safety and the safety of colleagues or clients.
- Understand that the possession, use or distribution of illicit drugs is not permitted in the workplace and will be treated as serious misconduct.
- Be sensitive to the needs of colleagues who are recovering from alcohol and/or drug related problems.

Implementation of Policy

14. The actions specified in the policy may arise on the initiative of:

- Management or supervisory officers who may become aware of a problem by reason of the officer's behaviour, poor work performance, attendance record and/or relationships with others at work.
- A person who recognises or suspects that s/he has or is developing an alcohol and/or drugs problem, or their family or doctor (through the Personnel Officer).
- Employee Assistance Officer, Personnel Manager, Disability Liaison Officer, the Chief Medical Officer.
- Colleagues or union officials who are concerned about the individual's alcohol and/or drug use.

Employee Assistance Service

15. Personnel Managers may recommend that an individual with an alcohol and/or drug problem engage with the Employee Assistance Service and may facilitate access to professional services, where appropriate. Alternatively, an officer is free to make direct contact with the Employee Assistance Service or may seek assistance from other professional services if they prefer and this should be facilitated where possible.

16. The work of the Employee Assistance Officer involves the provision of a confidential support and referral service to staff. It includes assisting staff in exploring, evaluating and assessing personal difficulties and problems. Employee Assistance Officers support in the planning and structuring of ways to resolve difficulties by providing information and advice to all parties regarding work related alcohol and drug misuse including facilitating engagement with appropriate treatment and follow-up.

17. Where an officer has been referred to the Employee Assistance Officer by his/her manager or by the Personnel Manager, the Employee Assistance Officer will confirm attendance and will also confirm attendance for treatment and/or counselling.

Treatment and Rehabilitation

18. Officers undergoing treatment, rehabilitation and counselling for alcohol and/or drug misuse may be granted sick leave in accordance with the normal sick leave regulations.

19. Medical certificates and notes of attendance for treatment and/or counselling will be required. The cost of treatment will be the responsibility of the officer. Failure to comply with the terms and conditions of a treatment/aftercare programme may result in the recoupment of the expenditure involved in the granting of paid sick leave in respect of the treatment.

20. The organisation will assist the officer in achieving a successful rehabilitation. Current relevant disciplinary procedures may be deferred for the duration of a treatment programme. If an officer's work responsibilities are accepted as an obstacle to their recovery, redeployment may be considered where appropriate.

21. Return to work needs to be carefully managed to ensure that the re-establishment of working practices and the recovery process are properly balanced. An officer should have a formal return to work interview on his/her return to work with the line manager, a representative of the Personnel Section and the Employee Assistance Officer. The meeting should be held in order to set clear boundaries and establish whether appropriate measures should be undertaken in order to assist the officer. It is recommended that a *Return to Work Agreement* should be drawn up. A model agreement is at Appendix 1.

Chief Medical Officer

22. It is recognised that relapses can occur or that treatment for alcohol or drug problems may not be successful. The steps that would be taken in this case could be dealt with in a *Return to Work Agreement*; referral to the Office of the Chief Medical Officer may also be appropriate. The advice of the Chief Medical Officer may be required in other circumstances, particularly if it is apparent that the officer may be incapable of provision of regular and effective service. Referrals to the Chief Medical Officer should be made through the Personnel Manager.

Performance Management and Disciplinary Procedures

23. Whilst management will take a sympathetic view of persons who are addressing alcohol and drug misuse issues, nothing in this policy is to be interpreted as constituting a waiver of management's right to tackle underperformance, or to take disciplinary measures where necessary in the normal course under the Civil Service Disciplinary Code.

24. Departments have discretion on a case by case basis not to implement the disciplinary process in cases of underperformance or misconduct where officers disclose their alcohol and/or drug misuse problems at an early stage and engage in full with a treatment programme. In many instances counselling, treatment and re-integration into the workplace may be more successful than invoking the disciplinary procedure. In exercising this discretion the Personnel Manager should have regard to the overall circumstances of the case, including whether the officer engaged with treatment and, if so, was this the first treatment programme and whether there was any improvement in the officer's work performance and conduct. In determining what course of action to adopt, the Personnel Manager should determine whether reasonable accommodation has been made and, if so, whether the individual is capable of regular and effective service.

25. Departments must make certain that, before they consider taking disciplinary action in cases of underperformance, staff are given adequate and reasonable warning that action may be taken and have been given a reasonable opportunity to improve their performance in a specified period, with an appropriate level of assistance and, where necessary, training being offered.

26. Behaviour that may warrant immediate disciplinary action includes being unfit on duty through the use of alcohol and/or drugs, or possession and/or sale of illegal drugs.

27. Failure to engage in, or comply with the terms of, appropriate treatment and rehabilitation or non-compliance with the sick leave rules may be a disciplinary matter and may lead to the commencement of measures to deal with unsatisfactory behaviour or misconduct, or the resumption of any disciplinary process already underway.

Promotion and Employment Prospects

28. The promotion or employment prospects of an officer suffering from alcohol or drug dependency will not be prejudiced, provided recovery is achieved and sustained. The usual conditions, including relevant sick leave limits, governing promotion will apply.

Confidentiality

29. The confidential nature of matters arising from the working of this policy will be fully respected so as to protect the dignity of the individual concerned to the greatest possible extent within the limits of what is practicable, safe and within the law. Any counselling will be regarded as strictly confidential and any report compiled by a counsellor will be treated as confidential. No discussions about an officer will take place between management and the alcohol/drugs counsellor without the consent of the person concerned. Certification of treatment will be dealt with in a confidential manner in line with sick leave procedures.

Training

30. Training in relation to this policy will be included in induction courses. Departments will liaise with Training Officers and Employee Assistance Officers, to arrange additional specialised training and dissemination of literature on a needs-driven basis, for example, when a problem is suspected.

PART 2 - MISUSE OF ALCOHOL OR DRUGS

Alcohol misuse is defined as alcohol consumption, during work or outside of work, which has an impact on an individual's attendance, performance and behaviour/attitude in the workplace, as well as workplace health and safety. It is recognized that even modest alcohol use can compromise health and safety in the workplace.

Drug use refers to drug usage that is having an impact on an individual's attendance, performance and behaviour/attitude in the workplace, as well as on workplace health and safety. The policy covers illicit drugs and prescription/non-prescription drugs that are not being used for their intended purpose.

Signs and Effects of Misuse of Alcohol and Drugs

Drug and alcohol use alters how an individual may think, perceive, judge and feel. The effects can last for an hour, days or long-term. Possible indicators of misuse are displayed below:

Possible Indicators of Alcohol/Drug Misuse

Mental	Physical	Behavioural
Mood changes	Poor health	Financial difficulties
Irritability	Medical conditions	Poor attendance
Aggression	Accidents	Poor work performance
Confusion		Driving under the influence
Lack of concentration		Relationship difficulties

The effects of both alcohol and drugs vary depending on individual tolerance. Alcohol is absorbed into the blood stream and carried throughout the body within a few minutes of drinking. It starts to affect the brain within ten minutes. Similarly drugs enter the blood stream quickly and take effect almost immediately.

Misuse of Alcohol and Drugs

Alcohol is measured in units. **Standard pub measures** of spirits/wine/beer contain the following number of units:



one pub glass of wine = 1 unit



one pub measure of whiskey/brandy etc. = 1 unit



one bottle/glass of beer = 1 unit



one pint of beer = 2 units

These values are approximations, and some brands of spirits/wine/beer etc. contain substantially higher amounts of alcohol. Glasses vary in size and home measures are usually larger than pub measures. Units cannot be ‘saved up’ from one day to the next. Misuse of alcohol and drugs is found among men and women of all age groups.

Alcohol Risk Table in Units per Week

Men	Women	Risk Rating
< 14 units	< 7 units	Low
14 – 28 units	7 – 21 units	Medium
> 28 units	> 21 Units	High

Drinking over the recommended weekly units can cause serious health risks, including death. Alcohol consumption causes a number of marked changes in behaviour. Even low doses impair judgement and co-ordination, increasing the likelihood of accidents. Low-to-moderate doses of alcohol increase the incidence of aggressive acts. Moderate-to-high doses of alcohol cause impairment of higher mental functions including learning and memory. If combined with other drugs, much lower doses of alcohol will produce the effects described. Sudden cessation of alcohol intake can produce withdrawal symptoms including severe anxiety tremors, hallucinations and convulsions.

Identification of Alcohol Problem

A positive answer to one or more of the following questions suggests a possible alcohol problem. One “yes” suggests a possible alcohol problem whilst two or more “yes” responses indicates a problem is highly likely.

- Have you ever felt concerned about your drinking?
- Have people annoyed you by criticising your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever had a drink first thing in the morning (as an “eye opener”) to steady your nerves or get rid of a hangover?

Professional help should always be sought if an individual suspects that work, relationship, health, legal, etc. problems are alcohol related.

Repeated use of alcohol can lead to dependence which can be indicated by:

- Craving and a strong need or compulsion to drink.
- Loss of control or ability to limit drinking on any given occasion.
- Withdrawal symptoms e.g. nausea, sweating, shaking and anxiety when alcohol is stopped after a period of heavy drinking.
- Increased tolerance i.e. when a greater amount of alcohol is required to become intoxicated.

Effects of Drug Use

Some of the commonly misused drugs, their effects and length of time they remain in the system are:

Name	Effects	Length in system
Barbiturates	Dependence, respiratory problems, seizures/delirium on withdrawal, overdose.	3 – 6 hours
Benzodiazapines (e.g. Valium)	Risk of seizures on withdrawal, affect memory & concentration.	Up to 24 hours
Cannabis	Dependence and possible respiratory problems. Possible link with mental illness.	Light 3 days Moderate 5 days Heavy 10 days
Cocaine	Extreme mood swings, risk of heart attack, stroke and psychosis.	Up to 4 days
Codeine	Causes drowsiness, light headedness, confusion and vomiting. Often combined with Paracetamol (e.g. Solpadeine/Solpadol), which can cause liver failure. Also combined with Aspirin type drugs (e.g. Nurofen Plus).	24 hours
Ecstasy	Lack of sleep, poor health, liver/kidney/heart failure.	Up to 3 days
Heroin	Associated with fatal overdose as well as risk of HIV and Hepatitis B, C.	Up to 4 days
LSD	Can cause psychotic and flashback episodes.	3 – 4 hours
Magic Mushrooms	Psychosis.	Up to 4 hours

Elimination of Alcohol and Drugs

Getting rid of or eliminating alcohol and drugs from the body can be a slow process. A healthy liver takes about 1 hour to break down and remove 1 unit (10 milliliters) of pure alcohol. Black coffee, cold showers, fresh air etc. will not lower blood alcohol or drug levels. In relation to drugs, their effects can last from minutes to long term.

Appendix 1

PRIVATE AND CONFIDENTIAL

Model Return to Work Agreement

Undertaking from

to the Department of XXXX

I _____, undertake the following having resumed duty on [Date] following treatment for Alcohol/Drug addiction at : _____:

- To abide by the requirements of the aftercare programme as laid down by _____ (name of treatment centre).
- To attend weekly aftercare meetings for a period of 2 years.
- To attend _____ meetings per week.
- To maintain contact with the Employee Assistance Officer at monthly intervals for a period of two years for the purpose of;
 - Confirming attendance at weekly aftercare meetings.
 - Confirming attendance at _____ meetings.
 - Getting support in the recovery process.
 - Monitoring progress.
 - Preventing relapse.
- To comply fully with the Civil Service regulations regarding sick leave and annual leave.
- To comply fully with the work plan set out by line management.
- To abstain from _____ while remaining in this Department's employment.

If line management consider you have breached the agreement and have _____ you will immediately be asked to leave work and the terms of the Disciplinary Code may/will be invoked. In the event that you indicate you have not _____ the onus will be on you to comply with the requirements of the Department's intoxicants testing policy and/or provide a blood/urine sample immediately to your doctor for analysis.

I acknowledge that failure to comply with any of these conditions will lead to disciplinary action and may lead to the termination of my services as a civil servant.

Signed: _____ Date: _____

Witness: _____ Date: _____

(Personnel Manager)